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APPLICATION NO.	FILING DATE		FIRST NAMED INVE	TOR	· · · · · · · · · · · · · · · · · · ·	ATTORN	NEY DOCKET NO.	CONFIRMATION NO.	
10/517,274	0/517,274 12/09/2004 Eran Schenker				26442U 4306				
TILE OF INVENTION	: MOBILE HEALTH AI	ND LIFE SIGNS DET	ECTOR		* 03/15/20		ZI2 00009062 1	700.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PARD ISSU	AFE.	TOTAL FEE(S) DUE	300,00 07 3000 00 00 3000 00 00	
nonprovisional	YES	\$700	\$300		\$0	-	\$1000	03/20/2007	
EXAMINER		ART UNIT	CLASS-SUBCLAS	s					
TRIEU, VAN THANH 2612			340-573100						
. Change of corresponde CFR 1.363). Change of corresp Address form PTO/SE "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
·	ND RESIDENCE DATA	A TO BE PRINTED O			·				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
lease check the appropri	iate assignee category or	categories (will not be	e printed on the patent):		Individual Co	orporation	or other private gro	oup entity 🚨 Government	
Advance Order - #	to small entity discount p	A check is enclo	A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-0112 (enclose an extra copy of this form).						
	tus (from status indicated s SMALL ENTITY state	,	□ h. Annlicant is n	o lone	ver claiming SMAI	I.I. ENTI	TY status. See 37 CF	FR 1 27(g)(2)	
								e assignee or other party in	
Authorized Signature	A B	A Tradell			Date	3/14	107		

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MAIL STOP - ISSUE FEE Docket No. 26442u Attorneys: GMN/JLM

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Schenker, Eran

Art Unit: 2612

Appl. No: 10/517,274

Examiner: TRIEU, Van Thanh

Filed: December 9, 2004

Confirmation No.: 4306

Title: MOBILE HEALTH AND LIFE SIGNS DETECTOR

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark Office is the following:

- Part B-Issue Fee Transmittal;
- Check No. 3863 in the Amount of \$1,030.00 for Issue, 2. Publication, and Advance Ordered Copy fee payments as a Small Entity.

The Commissioner is hereby authorized to charge any deficiency or credit any excess to Deposit Account Number 14-0112.

> Respectfully submitted, THE NATH LAW GROUP

March 14, 2007

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